

**VERIFICATION OF AID FOR THE TEMPORARY ASSISTANCE
FOR NEEDY FAMILIES (TANF) PROGRAM**

Date: _____

TO: _____

The individual named below received assistance provided by Temporary Assistance for Needy Families (TANF) funds through the California Work Opportunity and Responsibility to Kids (CalWORKs) Program.

CASE NAME:		CASE NUMBER:
RECIPIENT'S NAME:	RECIPIENT'S SOCIAL SECURITY NUMBER:	DOB:

COUNTY:	
WORKER NAME:	TELEPHONE NUMBER:
ADDRESS:	

_____ received assistance provided by TANF from _____ to _____.
(Recipient's Name)
from _____ to _____.
from _____ to _____.

As of _____, the total number of months of TANF assistance received in the state of California is _____ months.

☐ The individual was not exempt from the TANF 60-month time limit at anytime.

☐ The following _____ months were exempt from the TANF 60-month time limit and have been excluded from the number of months stated above.

Year _____ Months _____, _____, _____, _____, _____, _____, _____,

Year _____ Months _____, _____, _____, _____, _____, _____, _____.

The above information has been verified by: _____

Authorized Signature: _____

If you have any questions or need additional information regarding this notice, please contact the following person(s):

PROGRAM CONTACT(S): _____

ADDRESS: _____

TELEPHONE: _____

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